

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 12: 02

DOCUMENT # **P00000087816**

1. Corporation Name

INVESTIA (U.S.A.), INC.

Principal Place of Business

Mailing Address

2 SOUTH BISCAYNE BOULEVARD
ONE BISCAYNE TOWER #2500
MIAMI FL 33131

2 SOUTH BISCAYNE BOULEVARD
ONE BISCAYNE TOWER #2500
MIAMI FL 33131



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2000

Suite, Apt. #, etc.
P.O. Box 30358

Suite, Apt. #, etc.
P.O. Box 30358

5. FEI Number

58-2583172

Applied For

Not Applicable

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip Country
33303 USA

Zip Country
33303 USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BEBAWI, CHERIF Y	2 SOUTH BISCAYNE BLVD. #2500 P.O. Box 30358	MIAMI FL 33131 Ft. Lauderdale, FL 33303

300004679663--4
-11/14/01--01096--009
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WATTS-FITZGERALD, ABIGAIL C
2 SOUTH BISCAYNE BOULEVARD
ONE BISCAYNE TOWER #2500
MIAMI FL 33131

Name
Abigail Watts-FitzGerald
Street Address (P.O. Box Number is Not Acceptable)
1111 Brickell Avenue
Suite, Apt. #, Etc.
2500
City
Miami

State Zip Code
FL 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

Cherif Y. Bebawi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 462-6767

Date

Daytime Phone #

10/23/01



292

BARCLAYS FINANCIAL CENTER
1111 BRICKELL AVENUE
SUITE 2500
MIAMI, FLORIDA 33131-3126

TEL 305 • 810 • 2500
FAX 305 • 810 • 2460

OLGA L. DUQUE
DIRECT DIAL: 305-810-2542
EMAIL: oduque@hunton.com

FILE NO: 58300.2

October 23, 2001

Via Overnight Delivery

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Reinstatement Section

Re: Investia (U.S.A.), Inc.
Document # P00000087816

Dear Sir or Madam:

Enclosed is the Application for Reinstatement of Investia (U.S.A.), Inc. to be filed with your office.

Please note that we did not receive any prior notice, and that the enclosed Application for Reinstatement is our first renewal notice. Accordingly, we are enclosing our check in the sum of \$150.00 and would appreciate your waiving the reinstatement fee.

If you have any questions, please do not hesitate to call.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Olga L. Duque
Certified Legal Assistant

cc: Abigail C. Watts-FitzGerald, Esq.